
Packet

Post Judgment Divorce/Paternity

Contempt Packet

This packet is used to seek relief from the court if the other party has violated or not followed a court order or judgment.

You do not need to complete separate **Affidavits for Contempt** if the other party has violated more than one court order. If the other party has violated more than one court order, complete the **Order to Show Cause** and the **Affidavit for Finding of Contempt** and list all the court orders the other party has violated, even if the issues are unrelated.

You are encouraged to seek some legal assistance to verify that these forms are the most appropriate for your situation, as the Court Self-Help Center staff cannot give legal advice.

Contents

Procedural Checklist

Forms and Instructions for the following:

- Order to Show Cause
- Affidavit for Finding of Contempt
- Contempt Order

Financial Disclosure Statements (2)

Procedural Checklist

1. ☐ Complete the **Order to Show Cause** and the **Affidavit for Finding of Contempt** forms. (Line-by-line instructions for these forms follow this checklist.)
2. ☐ You may go to the Family Court Self-Help Center, Courthouse Room C-108, to have your forms reviewed for completeness.
3. ☐ Go to the Family Court Office Cashier/Reception desk, Room C-112, to pay the copy fees.
4. ☐ The clerk will direct you to a calendar clerk to obtain a court date and court official's signature. **Caution! You may have to wait for court staff to obtain a court official's signature. For best results, go the Family Court Office to request the signature between the hours of 8:30 - 11:30 a.m. and 1:30-4:00 p.m.**
5. ☐ Once the calendar clerk has obtained a court official's signature, she will make three (3) copies (4 if the State of Wisconsin is a party to the action) and time stamp them. She will keep a copy and return two (2) copies (3 if the State is a party) and the original to you.

6. ☐ After filing the forms, you must make arrangements to have one of the date-stamped copies served on the other party. **Deadline:** The other party and the Child Support Division (if a party) must be served with the forms **no later than five (5) business days before the date of the hearing**. For information on the ways to provide service see the **Service Packet**, which is available in the Family Court Self-Help Center (Courthouse, Room C-108)
7. ☐ You MUST file the original **Affidavit of Service** or **Admission of Service** AND the original documents on or before the date of your hearing in the Family Court Office (Courthouse, Room C-112). This proves that you served the **Order to Show Cause and Affidavit for Finding of Contempt** on the other party, and on the State of Wisconsin, if it is a party. Keep one copy for your records.

Note: *If you want the court to cancel or postpone your court hearing you must make a written request to the court and notify all parties (including the Child Support Division) in writing of the court's decision*

8. ☐ Go to the correct courtroom at least 20 minutes before your assigned court time and let the bailiff or court clerk know for which case you are appearing. Take a copy of the **Affidavit of Service** or **Admission of Service**, the original and two copies of your **Financial Disclosure Statement**, if it was required (refer to the bottom of the **Order To Show Cause** form), and any other documents you think may help you make your case to the court. If you wish to bring other people to testify for you, make sure they come to court in person. A letter from them is not enough.
9. ☐ When your case is called, go to the front of the room and sit where directed by the court or the bailiff. Bring all your papers and documents with you.
10. ☐ Present your case to the Judge or Court Commissioner as directed. Be prepared to state your side of each issue clearly and completely. Be prepared to answer questions that may be asked of you by the Court or by the other side. If you wish to offer written evidence or documents to the court, give the original to the court and a copy to the other side. Use the Affidavit you prepared as an outline to follow while you are in court to be sure you remember each issue you want to raise.
11. ☐ The judge will state his/her decisions/rulings to you. Take notes because you must be able to write the ruling in a specific format. The court **may** also set a review hearing for the parties to return to court.
12. ☐ After your court hearing, complete the **Contempt Order**.
13. ☐ Send one copy to the other party and the State of Wisconsin, if it is a party.
14. ☐ On the same day you send the Contempt Order to the other party(s), file the original and three (3) copies of the **Contempt Order** in the Family Court Office (Courthouse, Room 112), along with two self-addressed stamped envelopes (one addressed to you and one addressed to the other party). If the State is a party, include one additional copy and one unstamped envelope addressed to the Waukesha County Child Support Division, 1320 Pewaukee Rd., Room 348, Waukesha WI, 53188.

15. ☐ The court will hold the **Order** for five (5) days to give the other party(s) time to review the order and object to its accuracy. If there are no objections within the five days, the court will review, may sign, and return the order to you and the other parties.
16. ☐ If the other party is found by the court to be in contempt of court, he/she may be given remedial sanctions or consequences for not complying with the original court order/judgment. He/she may also be given a certain amount of time to comply with specific actions to stop the contempt (also known as purge terms). The court official will give you instructions as to how to proceed from the date of the hearing. If the court does not give instructions, and the other party has not complied with the purge terms, you may write a letter to the court official explaining that the other party has not complied with the order and request action from the court. You must also send a copy of the letter you wrote to the court to the other party(s).
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Forms

Order To Show Cause:	This form will order the other party into court on a specific date.
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1. ☐ Complete the caption (top portion) of the Order to Show Cause the same way it appears in your original Divorce or Paternity papers.
- ☐ Mark an **X** in the box to indicate if this matter is in relation to a Marriage or a Paternity. If Paternity, write the initials of the child.
- ☐ Write the first name, middle initial, and last names of the parties in the same order in which it was completed in your original Divorce or Paternity papers.
- ☐ Call the Child Support Division at (262) 548-7420 to determine if the State of Wisconsin is a party to this case. Mark only one box with an **X** to report if the State is a party to the case or not.
- ☐ Write in your case number.
2. ☐ Write the other party's name in the paragraph entitled **It is Ordered**.
3. ☐ DO NOT complete the sections labeled **Before, Place, Date, and Time**- the court will complete those portions.
4. ☐ Mark an **X** in the box of the last paragraph to indicate whether or not the contempt is related to financial matters.

Affidavit for Finding of Contempt:	This form informs the court, the other party, and the State (if a party) why you believe the other party has violated or not followed a court order.
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1. ☐ Repeat step 1 from the **Order To Show Cause**.
2. ☐ You are the party making the request. Write your name on the first line.
3. ☐ **Paragraph 1:** Mark an **X** in the box that describes which party you are in the action (see caption).
4. ☐ **Paragraph 2:** Write the date of the court order or judgment that the other party has violated, and on the lines below, write the **specific** details of that order or judgment. Attach the court order/judgment or additional sheets if necessary.
5. ☐ **Paragraph 3:** List all the reasons you believe the other party has violated the court order of judgment. Put each reason in a separate paragraph and number them. Attach additional sheets if necessary.
6. ☐ **Signature:** **Do not sign this Affidavit until you are in the presence of a Notary Public.** A Notary Public is located in the Courthouse Room C-167. **You must bring a photo ID.** You must also write your address beneath your signature.

Contempt Order:	This form makes a formal, enforceable record of what happened during the court hearing. Without this written Order , the court does not recognize the orders or decisions made in court and cannot, therefore, enforce what the judge decided.
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1. ☐ Complete the caption (top portion) of the **Contempt Order** the same way you completed it on the **Order to Show Cause**.

I. HEARING

2. ☐ **Paragraph 1:** Write the name of the judge or commissioner who was present at your contempt hearing.
3. ☐ **Paragraph 3:** List the date of the contempt hearing.

II. APPEARANCES

4. ☐ **Paragraph 1:** Mark if the Petitioner/Joint Petitioner appeared in person or not, and whether he/she was self-represented or represented by an attorney. If an attorney was present on his/her behalf, list the attorney's firm name and the attorney's name.
5. ☐ **Paragraph 2:** Mark if the Respondent/Joint Petitioner appeared in person or not, and whether he/she represented himself/herself. If an attorney was present on his/her behalf, list the attorney's firm name and the attorney's name.

6. ☐ **Paragraph 3:** If an attorney for the State of Wisconsin appeared, mark an **X** in the box and write in the attorney's name.
7. ☐ **Paragraph 4:** List all other persons who appeared in court on either party's behalf or gave testimony.

III. FINDINGS

8. ☐ **Paragraph A:** Print the name of the other party on the first line, the date of the original court hearing, and write what the court found (determined) that the other party was supposed to do in the previous court order.
9. ☐ **Paragraph B:** Indicate whether or not the court found the other party to be in Contempt of Court by marking an **X** in either 1 or 2. If the other party was found to be in Contempt of Court, also mark or write what the other party failed to do in the last court order/judgment. Mark all that apply in 2 with an **X**.
10. ☐ **Paragraph C:** Mark with an **X** if the court made additional Findings and list them. If the court did not make any additional findings, leave paragraph C blank.

IV. ORDER

11. ☐ **Paragraph A:** If the other party was found to be in Contempt of Court, the court may give the other party a remedial sanction or punishment. If the court gave a jail sentence as a remedial sanction, mark an **X** in box one **(1)** and write the number of days he/she was ordered to serve. You will also need to indicate if the court allowed the other party Huber (work release) privileges or not. If the court gave a different type of remedial sanction, mark an **X** in box two **(2)** and write the sanction on the lines that follow. If a judge gives a jail sentence as a remedial sanction, he/she may also allow the other party to have Huber (work release) privileges, which would give/him/her the ability to leave jail to go to work.
12. ☐ **Paragraph B:** The court official may "stay" the remedial sanction (give the party a grace period to get out of contempt). If the remedial sanction was not stayed, mark an **X** in box one **(1)** and list the date the court gave for the imposition or execution for the sanction. If the sanctions were stayed, mark an **X** in box two **(2)** and write the date until which the sentence is stayed.
13. ☐ **Paragraph C 1 thru 3:** If remedial sanctions were given, the court must allow the other party a way to purge, or get out of contempt. If the court ordered him/her to pay a sum of money to purge the contempt, mark an **X** in box one **(1)** and list the amount of money he/she was ordered to pay. If he/she was ordered to pay the amount all at once, mark an **X** in box **a**, and write the date by which he/she was ordered to pay the full amount. If he/she was ordered to make installments, mark an **X** in box **b**, write how often he/she was ordered to make payments (month, week, day, etc), and the date those payments should start and end.

If he/she was ordered to pay money you must also indicate in box two **(2)** to whom the payment(s) must be made: box **a**. WI Support Collection Trust Fund, box **b**. you directly, or box **c**. to another party. If the WI SCTF, indicate if it was ordered by wage assignment (garnishment) or by direct payment. If it was ordered by wage assignment include the party's employer information.

If other purge terms were given, mark an **X** in box three **(3)** and write the terms in the blank.

Finally, you must write in how much time the remedial sanction and purge terms are to remain in effect. In other words, for how long after this court hearing can the court give the other party the remedial sanction if he/she does not follow the purge terms.

14. ☐ **Paragraph D:** Write in all other Orders made by the court.

15. ☐ **Signatures:** The court official who heard the case will sign the **Contempt Order** after it has been filed with the Family Court Office.

In re the ☐ Marriage ☐ Paternity of _____:
(initials)

Petitioner / Joint Petitioner

and

Respondent / Joint Petitioner

Case # _____

Order to Show Cause

☐ STATE OF WISCONSIN is NOT a party

☐ STATE OF WISCONSIN IS a party

Upon the attached Affidavit,

IT IS ORDERED that _____ appear in person:
(First) (M.I.) (Last)

BEFORE:

Circuit Court Commissioner/Circuit Judge

PLACE:

Room _____, Waukesha County Courthouse, 515 West Moreland Blvd., Waukesha, Wisconsin 53188.

DATE:

_____, 20_____
(Month) (Day) (Year)

TIME:

_____ o'clock, _____.m.,

To show cause why the request(s) in the attached affidavit should not be granted.

IT IS FURTHER ORDERED that a copy of this order and the attached affidavit be **served** upon the above named party and the **STATE OF WISCONSIN** (if a party), in person at least **five (5) business days** before the date of this hearing.

If the attached Affidavit requests a finding of contempt, **YOU HAVE A RIGHT** to be represented by an attorney at this hearing. Unless good cause is shown, failure to appear with an attorney will be deemed a waiver of that right. If you cannot afford an attorney, contact the Office of the State Public Defender to determine if that office will represent you.

☐ This **Order** is not related to financial matters.

☐ This **Order** is related to financial matters and both parties must bring to court their fully completed, dated, and signed **Financial Disclosure Statement**.

Dated: _____
(Month) (Day) (Year).

Circuit Court Commissioner/Circuit Judge

In re the ☐ Marriage ☐ Paternity of _____:
(initials)

Petitioner / Joint Petitioner

and

Respondent / Joint Petitioner

Case # _____

Affidavit for Finding of Contempt

☐ STATE OF WISCONSIN is NOT a party

☐ STATE OF WISCONSIN IS a party

STATE OF WISCONSIN)
)SS
WAUKESHA COUNTY)

_____, being first duly sworn on oath states as follows:
(Name of party making request)

1. I am the ☐ Petitioner ☐ Respondent ☐ Joint Petitioner in this action.

2. The judgment or last court order filed on _____, _____ requires the other
party to do the following: (Month) (Day) (Year)

3. This affidavit is made in support of my request that the other party be held in contempt for not following the terms of the judgment or last court order. My reasons for believing that the other party is in contempt are as follows: (Attach additional sheet(s) if necessary)

4. I request the relief I am legally entitled to as determined by the court.

Signature of party making request

Subscribed and sworn to before me
this _____ day of _____, 20____.

Notary Public, State of Wisconsin
My Commission Expires: _____

Street Address _____
City, State _____, _____
ZIP _____
Phone (____) _____-____

In re the ☐ Marriage ☐ Paternity of _____:
(initials)

Contempt Order

Petitioner / Joint Petitioner

and

Case # _____

Respondent / Joint Petitioner

(Mark only one with an X)

☐ STATE OF WISCONSIN is NOT a party

☐ STATE OF WISCONSIN IS a party

I. Hearing:

1. Presiding Judge/Court Commissioner _____

2. Address

Waukesha County Courthouse
515 W. Moreland Blvd.
Waukesha, WI 53188

3. Date of Hearing

_____, 20____
(Month) (Day) (Year)

II. APPEARANCES:

1. Petitioner/Joint Petitioner ☐ did not appear OR ☐ appeared in person AND was
☐ self-represented OR ☐ represented by

Firm Name _____

Attorney's Name _____

2. Respondent/Joint Petitioner ☐ did not appear OR ☐ appeared in person AND was
☐ self-represented OR ☐ represented by

Firm Name _____

Attorney's Name _____

3. ☐ State of Wisconsin, by the Waukesha County Child Support Division

State Attorney's Name

4. Others Appearing at the Hearing:

III. FINDINGS: The court **Finds** that:

A. _____ was ordered on
(First) (M.I.) (Last)
_____, 20____ do the following:
(Month) (Day) (Year)

B. Contempt

1. ☐ The above named party **is not** found to be in **CONTEMPT OF COURT**.
2. ☐ The above named party **is** found to be in **CONTEMPT OF COURT** for failure to:
 - ☐ Pay child support
 - ☐ Pay arrears
 - ☐ Follow the physical placement schedule
 - ☐ Comply with the Children's First Program
 - ☐ Other _____
 - ☐ Other _____
 - ☐ Other _____
 - ☐ Other _____

C. ☐ Other Findings: _____

IV. ORDER

A. Remedial sanction:

1. ☐ _____ is sentenced to
(First) (M.I.) (Last)
_____ days in the Waukesha County Jail.
 - ☐ With Huber Privileges
 - ☐ No Huber Privileges

2. ☐ Other Sanctions:

B. Stay:

1. ☐ The sentence **is not** stayed and the above remedial sanctions are imposed as of

_____, 20____.
(Month) (Day) (Year)

2. ☐ The sentence **is** stayed until _____, 20____.
(Month) (Day) (Year)

C. Purge Terms:

He/she is given the right to purge the contempt by:

1. ☐ Paying the sum of \$_____ toward the full obligation of \$_____.

a. ☐ as a lump sum by _____, 20____.
(Month) (Day) (Year)

or

b. ☐ per _____ at the rate of \$_____
beginning _____, 20____.
(Month) (Day) (Year)

until _____, 20____ or _____
(Month) (Day) (Year)

2. To:

- a. ☐ WI Support Collections Trust Fund by ☐ **wage assignment** or ☐ **direct payment**,

(Employer's Name)

(Street Address)

_____, _____
(City) (State) (ZIP Code)

(_____) _____
(Phone Number) (Contact Person)

or

- b. ☐ the other party by direct payments

or

- c. ☐ other _____.

3. ☐ Other Purge Terms:

4. The remedial sanction and purge terms are in effect for _____ ☐ years ☐ months.

D. Other Orders:

E. ALL PAYMENTS to the WI SCTF shall be made to: WISCONSIN SUPPORT COLLECTIONS TRUST FUND (WI SCTF), Box 74200, Milwaukee, Wisconsin 53274-0200.

F. Both parties shall notify the Clerk of Courts and the Child Support Division in writing, within 10 days of any change of address, and provide a copy to the other party.

G. Payer shall notify the Clerk of Courts, the Child Support Division, and the other party, in writing, within 10 days, of any change of employment and of any substantial change in income affecting the ability to pay support. This notification does not change the support order. Any party may file a motion to change this order.

H. If this matter was heard by a Circuit Court Commissioner and you would like to request a new hearing, the **Motion for De Novo Review** must be filed with the Clerk of Court's Family Division within 10 days of the signing of this order.

Dated: _____, _____, _____
(Month) (Day) (Year).

Circuit Court Commissioner/Circuit Judge

RATIFICATION AND CONFIRMATION

The foregoing Order of the Court Commissioner is ratified and confirmed as the Order of the Circuit Court.

Dated: _____, _____, _____
(Month) (Day) (Year).

Circuit Judge

In re the ☐ Marriage ☐ Paternity of _____:
(initials)

Financial Disclosure Statement Wife/Mother

Petitioner/Joint Petitioner

and

Respondent /Joint Petitioner

Case # _____

Wife/Mother Name: _____

Address: _____

Soc. Sec. No. _____

Occupation: _____

Employer: _____

Birth date: _____

Husband/Father Name: _____

Address: _____

Soc. Sec. No. _____

Occupation: _____

Employer: _____

Birth date: _____

FAILURE BY EITHER PARTY TO COMPLETE, PRESENT, AND FILE THIS FORM AS REQUIRED WILL AUTHORIZE THE COURT OR HEARING OFFICER TO ACCEPT THE STATEMENT OF THE OTHER PARTY AS THE BASIS FOR ITS DECISION. ANY FALSE STATEMENT MADE HEREON SHALL SUBJECT YOU TO THE PENALTY FOR PERJURY AND MAY BE CONSIDERED A FRAUD UPON THE COURT.

I. Statement of Income, Expenses, Assets and Liabilities

Attach copies of State and Federal Income **Tax Returns** for last two taxable years and **wage statements** from your employer for last 12 weeks.

A. Calculation of Net Monthly Income

1. Gross monthly income from salary and wages including commissions, bonuses, allowances, and overtime. **How often are you paid?** (circle one) [Weekly, Bi-Weekly, Semi-monthly, Monthly] (NOTE: To calculate monthly income if paid weekly, multiply weekly income by 4.3; if paid bi-weekly, multiply bi-weekly income by 2.15.)

2. Pensions and retirement

3. Social Security and/or SSI

4. Disability and unemployment insurance

5. Public Assistance (welfare, W-2, Food Stamps, etc)

6. Child Support from any prior marriage/relationship

7. Dividends and interest

8. Rents (for property you rent to others)

9. All other sources: (please specify) _____

10. _____

11. _____

12. _____

TOTAL Gross Monthly Income (add lines 1 through 12)

Wife/Mother

For Court Use Only

1.	\$ _____	\$ _____
2.	\$ _____	\$ _____
3.	\$ _____	\$ _____
4.	\$ _____	\$ _____
5.	\$ _____	\$ _____
6.	\$ _____	\$ _____
7.	\$ _____	\$ _____
8.	\$ _____	\$ _____
9.	\$ _____	\$ _____
10.	\$ _____	\$ _____
11.	\$ _____	\$ _____
12.	\$ _____	\$ _____
	\$ _____	\$ _____

B. Calculation of Monthly Deductions

1. Federal Income Tax

2. State Income Tax

3. Number of exemptions taken

4. Social Security/Medicare

5. Medical or other insurance (describe fully) _____

6. _____

7. _____

8. Union and/or other dues

9. Retirement (Pension, 401K, or deferred compensation)

10. Savings Plan

11. Credit union

12. Other (please specify) _____

13. _____

TOTAL Monthly Deductions (add line 1 through 13)

Wife/Mother

For Court Use Only

1.	\$ _____	\$ _____
2.	\$ _____	\$ _____
3.	_____	_____
4.	\$ _____	\$ _____
5.	\$ _____	\$ _____
6.	\$ _____	\$ _____
7.	\$ _____	\$ _____
8.	\$ _____	\$ _____
9.	\$ _____	\$ _____
10.	\$ _____	\$ _____
11.	\$ _____	\$ _____
12.	\$ _____	\$ _____
13.	\$ _____	\$ _____
	\$ _____	\$ _____

C. Net Monthly Income (take home pay)

(subtract **Monthly Deductions** from **Gross Monthly Income**)

Wife/Mother

For Court Use Only

\$ _____	\$ _____
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II. Debts and Obligations (if not enough space, insert total and attach schedule)

Creditor's Name	To pay for what	Date Payable	Balance	Monthly Payment
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____
6. _____	_____	_____	\$ _____	\$ _____
7. _____	_____	_____	\$ _____	\$ _____
8. _____	_____	_____	\$ _____	\$ _____
9. _____	_____	_____	\$ _____	\$ _____
TOTAL			\$ _____	\$ _____

III. Schedule of Assets If you do not have enough space to give complete information or listing, please attach an additional sheet.

List all property owned individually or jointly by you and/or your spouse. **If paternity**, you do not need to indicate who holds title to the property.

	Value	How much money, if any, do you still owe on the property	Who holds Title? (H) Husband, (W) Wife, (B) Both
1. Household furnishings, furniture, appliances and equipment	\$ _____	\$ _____	H W B
2. Automobile (year-make-model)	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B
3. Securities (stocks, bonds)	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B
4. Cash and Deposit Accounts (All types of savings and checking accounts)	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B
5. Other Personal Property and Assets (Specify)	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B

6. Life Insurance	Policy Number	Face Amount	Cash Value, Accumulated Dividend, or loan amount	
Name of Company		\$ _____	\$ _____	H W B

7. Retirement/Savings (Print name of company and type of account below) (Type--Profit Sharing, Pension, Retirement Accounts, 401K, IRA-Regular, Roth, Education, etc.)	Value of interest and amount presently vested	
_____	\$ _____	H W B
_____	\$ _____	H W B
_____	\$ _____	H W B
_____	\$ _____	H W B

8. Real Estate (If you own more than one property, attach additional sheet with identical information for each property)	
a. Address:	b. Type of Property (primary residence, vacation or income property, etc)
_____	_____
_____	c. Year of Purchase
_____	_____
	H W B

d. Original Cost	\$ _____	e. Cost of Additions	\$ _____
f. Total Cost	\$ _____	g. Mortgage Balance	\$ _____
h. Total Present Value	\$ _____	i. Basis of Valuation	_____
j. Equity	\$ _____	k. Home equity loans	\$ _____
l. Liens	\$ _____	m. Who holds the lien?	_____
n. Monthly Amortization	\$ _____	o. Taxes (20__ __):	\$ _____

p. Individual contributions _____

9. **Business Interests** (Indicate name, share, type of business, value less indebtedness)

IV. Total monthly expenses

List name and relationship of all members of the household whose expenses are included:

- | | |
|--|--------------|
| 1. Rent or mortgage payments (residence) | 1. \$ _____ |
| 2. Real estate property taxes (residence) | 2. \$ _____ |
| 3. Real estate property insurance (residence) | 3. \$ _____ |
| 4. Maintenance (home and household contents) | 4. \$ _____ |
| 5. Food and household supplies | 5. \$ _____ |
| 6. Utilities including water, electricity, gas, and heat | 6. \$ _____ |
| 7. Telephone | 7. \$ _____ |
| 8. Cable | 8. \$ _____ |
| 9. Internet Service | 9. \$ _____ |
| 10. Laundry and cleaning | 10. \$ _____ |
| 11. Clothing | 11. \$ _____ |
| 12. Medical | 12. \$ _____ |
| 13. Dental | 13. \$ _____ |
| 14. Insurance (life, health, accident, comprehensive, liability, disability)
(Excluding insurance that is paid for through payroll deduction) | 14. \$ _____ |
| 15. Child care | 15. \$ _____ |
| 16. Payment of child/spousal support from prior marriage/relationship | 16. \$ _____ |
| 17. School | 17. \$ _____ |
| 18. Entertainment (including clubs, social obligations, travel, recreation) | 18. \$ _____ |
| 19. Incidentals (grooming, tobacco, alcohol, gifts, and donations) | 19. \$ _____ |
| 20. Transportation (other than automobile) | 20. \$ _____ |
| 21. Auto expenses (gas, oil, repairs, insurance) | 21. \$ _____ |
| 22. Auto payments | 22. \$ _____ |
| 23. Installment payment(s) | 23. \$ _____ |
| 24. Other expenses (insert total and specify on additional sheet) | 24. \$ _____ |

Total Monthly Expenses \$ _____

I declare under penalty of perjury that the foregoing, including any attachments, is true and correct.

Attorney's Signature

Wife/Mother's Signature

Attorney's Firm

Dated: _____, 20____
(Month) (Day) (Year).

Address _____

_____, _____

Phone (____) _____ - _____

Dated: _____, 20____
(Month) (Day) (Year).

In re the ☐ Marriage ☐ Paternity of _____:
(initials)

Financial Disclosure Statement Husband/Father

Petitioner/Joint Petitioner

and

Respondent /Joint Petitioner

Case # _____

Husband/Father Name: _____

Address: _____

Soc. Sec. No. _____

Occupation: _____

Employer: _____

Birthdate: _____

Wife/Mother Name: _____

Address: _____

Soc. Sec. No. _____

Occupation: _____

Employer: _____

Birthdate: _____

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I. Statement of Income, Expenses, Assets and Liabilities

Attach copies of State and Federal Income Tax Returns for last two taxable years and wage statements from your employer for last 12 weeks.

A. Calculation of Net Monthly Income

1. Gross monthly income from salary and wages including commissions, bonuses, allowances, and overtime. **How often are you paid?** (circle one) [Weekly, Bi-Weekly, Semi-monthly, Monthly] (NOTE: To calculate monthly income if paid weekly, multiply weekly income by 4.3; if paid bi-weekly, multiply bi-weekly income by 2.15.)

2. Pensions and retirement

3. Social Security and/or SSI

4. Disability and unemployment insurance

5. Public Assistance (welfare, W-2, Food Stamps, etc)

6. Child Support from any prior marriage/relationship

7. Dividends and interest

8. Rents (for property you rent to others)

9. All other sources: (please specify) _____

10. _____

11. _____

12. _____

TOTAL Gross Monthly Income (add lines 1 through 12)

Husband/Father

For Court Use Only

1.	\$ _____	\$ _____
2.	\$ _____	\$ _____
3.	\$ _____	\$ _____
4.	\$ _____	\$ _____
5.	\$ _____	\$ _____
6.	\$ _____	\$ _____
7.	\$ _____	\$ _____
8.	\$ _____	\$ _____
9.	\$ _____	\$ _____
10.	\$ _____	\$ _____
11.	\$ _____	\$ _____
12.	\$ _____	\$ _____
	\$ _____	\$ _____

B. Calculation of Monthly Deductions

1. Federal Income Tax

2. State Income Tax

3. Number of exemptions taken

4. Social Security/Medicare

5. Medical or other insurance (describe fully) _____

6. _____

7. _____

8. Union and/or other dues

9. Retirement (Pension, 401K, or deferred compensation)

10. Savings Plan

11. Credit union

12. Other (please specify) _____

13. _____

TOTAL Monthly Deductions (add line 1 through 13)

Husband/Father

For Court Use Only

1.	\$ _____	\$ _____
2.	\$ _____	\$ _____
3.	_____	_____
4.	\$ _____	\$ _____
5.	\$ _____	\$ _____
6.	\$ _____	\$ _____
7.	\$ _____	\$ _____
8.	\$ _____	\$ _____
9.	\$ _____	\$ _____
10.	\$ _____	\$ _____
11.	\$ _____	\$ _____
12.	\$ _____	\$ _____
13.	\$ _____	\$ _____
	\$ _____	\$ _____

C. Net Monthly Income (take home pay)

(subtract **Monthly Deductions** from **Gross Monthly Income**)

Husband/Father

For Court Use Only

\$ _____	\$ _____
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II. Debts and Obligations (if not enough space, insert total and attach schedule)

Creditor's Name	To pay for what	Date Payable	Balance	Monthly Payment
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____
6. _____	_____	_____	\$ _____	\$ _____
7. _____	_____	_____	\$ _____	\$ _____
8. _____	_____	_____	\$ _____	\$ _____
9. _____	_____	_____	\$ _____	\$ _____
TOTAL			\$ _____	\$ _____

III. Schedule of Assets If you do not have enough space to give complete information or listing, please attach an additional sheet.

List all property owned individually or jointly by you and/or your spouse. **If paternity**, you do not need to indicate who holds title to the property.

	Value	How much money, if any, do you still owe on the property	Who holds Title? (H) Husband, (W) Wife, (B) Both
1. Household furnishings, furniture, appliances and equipment	\$ _____	\$ _____	H W B
2. Automobile (year-make-model)	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B
3. Securities (stocks, bonds)	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B
4. Cash and Deposit Accounts (All types of savings and checking accounts)	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B
5. Other Personal Property and Assets (Specify)	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B

6. Life Insurance	Policy Number	Face Amount	Cash Value, Accumulated Dividend, or loan amount	
Name of Company		\$ _____	\$ _____	H W B

7. Retirement/Savings (Print name of company and type of account below) (Type--Profit Sharing, Pension, Retirement Accounts, 401K, IRA-Regular, Roth, Education, etc.)	Value of interest and amount presently vested	
_____	\$ _____	H W B
_____	\$ _____	H W B
_____	\$ _____	H W B
_____	\$ _____	H W B

8. Real Estate (If you own more than one property, attach additional sheet with identical information for each property)	
a. Address:	b. Type of Property (primary residence, vacation or income property, etc)
_____	_____
_____	c. Year of Purchase
_____	_____
	H W B

d. Original Cost	\$ _____	e. Cost of Additions	\$ _____
f. Total Cost	\$ _____	g. Mortgage Balance	\$ _____
h. Total Present Value	\$ _____	i. Basis of Valuation	_____
j. Equity	\$ _____	k. Home equity loans	\$ _____
l. Liens	\$ _____	m. Who holds the lien?	_____
n. Monthly Amortization	\$ _____	o. Taxes (20__ __):	\$ _____

p. Individual contributions _____

9. **Business Interests** (Indicate name, share, type of business, value less indebtedness)

IV. Total monthly expenses

List name and relationship of all members of the household whose expenses are included:

- | | |
|--|--------------|
| 1. Rent or mortgage payments (residence) | 1. \$ _____ |
| 2. Real estate property taxes (residence) | 2. \$ _____ |
| 3. Real estate property insurance (residence) | 3. \$ _____ |
| 4. Maintenance (home and household contents) | 4. \$ _____ |
| 5. Food and household supplies | 5. \$ _____ |
| 6. Utilities including water, electricity, gas, and heat | 6. \$ _____ |
| 7. Telephone | 7. \$ _____ |
| 8. Cable | 8. \$ _____ |
| 9. Internet Service | 9. \$ _____ |
| 10. Laundry and cleaning | 10. \$ _____ |
| 11. Clothing | 11. \$ _____ |
| 12. Medical | 12. \$ _____ |
| 13. Dental | 13. \$ _____ |
| 14. Insurance (life, health, accident, comprehensive, liability, disability)
(Excluding insurance that is paid for through payroll deduction) | 14. \$ _____ |
| 15. Child care | 15. \$ _____ |
| 16. Payment of child/spousal support from prior marriage/relationship | 16. \$ _____ |
| 17. School | 17. \$ _____ |
| 18. Entertainment (including clubs, social obligations, travel, recreation) | 18. \$ _____ |
| 19. Incidentals (grooming, tobacco, alcohol, gifts, and donations) | 19. \$ _____ |
| 20. Transportation (other than automobile) | 20. \$ _____ |
| 21. Auto expenses (gas, oil, repairs, insurance) | 21. \$ _____ |
| 22. Auto payments | 22. \$ _____ |
| 23. Installment payment(s) | 23. \$ _____ |
| 24. Other expenses (insert total and specify on additional sheet) | 24. \$ _____ |

Total Monthly Expenses \$ _____

I declare under penalty of perjury that the foregoing, including any attachments, is true and correct.

Attorney's Signature

Husband/Father's Signature

Attorney's Firm

Dated: _____, 20____
(Month) (Day) (Year).

Address _____
_____, _____

Phone (____) _____ - _____

Dated: _____, 20____
(Month) (Day) (Year).